

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED

JAN 29 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name John Hines
Full Address P.O. Box 114
Telephone 601-822-0476 Fax _____
Contact Name _____ Email _____
Office Sought House of Representatives Political Party Dem

☐ Check here if above is different from previous report

TYPE OF REPORT

____ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4000. + \$ 750	\$ 4750.00	\$ 6042.96
Total amount of disbursements	\$ 4150 + \$ 1000	\$ 5150.00	\$ 5150.00
Total amount of cash on hand		\$ 892.96	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Hines
Signature of Candidate

1-29-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee John Hines
 Reporting period 1-30-09 through 1-29-10

ITEMIZED RECEIPTS

A. Full name	AT&T PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	175 Capitol South	__/__/__	\$
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
B. Full name	ABBOTT LAB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4708 Hilldale Dr	__/__/__	\$
City, State, Zip Code	KNOXVILLES TN 37919	__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
C. Full name	MEERCK & CO IN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2479 Merfresbro RD	__/__/__	\$
City, State, Zip Code	NASHVILLE, TN 37217	__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
D. Full name	ELECTRIC POWER ASSO.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 3300	__/__/__	\$
City, State, Zip Code	Ridgeland, MS 39158	__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
E. Full name	CHECK N. CASH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 158	__/__/__	\$
City, State, Zip Code	Jackson MS 39216	__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	UNITED HEALTH CARE	__/__/__	\$
City, State, Zip Code	P.O. BOX 15645	__/__/__	\$
Purpose of Disbursement (Optional)	LAS VEGAS NV 89104	Aggregate Year-to-date	\$ 1000.00

Name of Candidate or Committee

John Hines

Reporting period

through

ITEMIZED RECEIPTS

A. Full name	SENIOR CARE Center of MS, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7 Neshaminy Interplex, SU 403	___/___/___	\$
City, State, Zip Code	TREVORE, PA 19053	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
B. Full name	ALLERGAN, INC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2350. KERNER, Blvd, 250	___/___/___	\$
City, State, Zip Code	SAN RAFAEL, CA 94901	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee John Arnes
Reporting period 1-30-09 through 1-29-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>U.S. Postal</u>	<u>6/25/09</u>	\$ <u>900.00</u>
Mailing Address		
City, State, Zip Code	<u>12/01/09</u>	\$ <u>900.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1800.00</u>
<u>POSTAGE</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Office Depot</u>	<u>6/15/09</u>	\$ <u>450.00</u>
Mailing Address		
City, State, Zip Code	<u>12/01/09</u>	\$ <u>450.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>900.00</u>
<u>Supplies, Card & ect.</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>C.M. Gray</u>	<u>6/1/09</u>	\$ <u>300.00</u>
Mailing Address		
City, State, Zip Code	<u>12/1/09</u>	\$ <u>400.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>700.00</u>
<u>Dessert mitant</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>White Catering</u>	<u>1/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>1/1/10</u>	\$ <u>750.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>750.00</u>
<u>Sutent Appreciation Dinner</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/10</u>	\$
Mailing Address		
City, State, Zip Code	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$